

<i>SERFF Tracking Number:</i>	<i>MRLI-125510909</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Yosemite Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>TM-TRIPREA-AR</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0001 Creditor-Placed Homes</i>
<i>Product Name:</i>	<i>COMMERCIAL CREDITOR-PLACED DWELLING</i>		
<i>Project Name/Number:</i>	<i>TRIPREA 2007/</i>		

Filing at a Glance

Company: Yosemite Insurance Company		
Product Name: COMMERCIAL CREDITOR-PLACED DWELLING	SERFF Tr Num: MRLI-125510909	State: Arkansas
TOI: 28.0 Credit	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 28.0001 Creditor-Placed Homes	Co Tr Num: TM-TRIPREA-AR	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Susan Fuesting, Tammy Meneely	Disposition Date: 03/06/2008
	Date Submitted: 02/28/2008	Disposition Status: Approved
Effective Date Requested (New): 02/28/2008		Effective Date (New): 02/28/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: TRIPREA 2007	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: Not yet filed in domicile state of Indiana.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/06/2008	
State Status Changed: 03/06/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Yosemite Insurance Company submits for your review and approval the following form in compliance with the Terrorism Risk Insurance Program Reauthorization Extension Act of 2007.	

DMEC-TER (01/08) - Terrorism Coverage Endorsement for use with Creditor Placed Commercial Real Property

<i>SERFF Tracking Number:</i>	<i>MRLI-125510909</i>	<i>State:</i>	<i>Arkansas</i>
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This form is being filed to reflect changes which were brought about by the Terrorism Risk Insurance Program Reauthorization Extension Act of 2007. Upon approval, this form will replace form DMEC-TER (02/06) which was previously approved by your Department on March 13, 2006. We are also filing the Disclosure Notice, form TRIPREA-DIS (01/08), for informational purposes only. No additional premium will be charged when providing the required terrorism coverage.

Company and Contact

Filing Contact Information

Tammy Meneely, Product Administrator	merit_yosemite@agfinance.com
601 NW Second Street	(800) 325-2147 [Phone]
Evansville, IN 47708	(812) 468-5333[FAX]

Filing Company Information

Yosemite Insurance Company	CoCode: 26220	State of Domicile: Indiana
P.O.Box 159	Group Code: 12	Company Type: Property & Casualty
Evansville, IN 47701-0159	Group Name: AIG	State ID Number:
(800) 325-2147 ext. 2807[Phone]	FEIN Number: 94-1590201	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Yosemite Insurance Company	\$50.00	02/28/2008	18230053

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<i>Project Name/Number:</i>	<i>TRIPREA 2007/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/06/2008	03/06/2008

<i>SERFF Tracking Number:</i>	<i>MRLI-125510909</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 03/06/2008

Effective Date (New): 02/28/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MRLI-125510909 State: Arkansas

Filing Company: Yosemite Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: TM-TRIPREA-AR

TOI: 28.0 Credit Sub-TOI: 28.0001 Creditor-Placed Homes

Product Name: COMMERCIAL CREDITOR-PLACED DWELLING

Project Name/Number: TRIPREA 2007/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Disclosure Notice	Approved	Yes
Supporting Document	Expedited Filing Transmittal	Approved	Yes
Form	Terrorism Coverage Endorsement	Approved	Yes

SERFF Tracking Number:	MRLI-125510909	State:	Arkansas
Filing Company:	Yosemite Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	TM-TRIPREA-AR		
TOI:	28.0 Credit	Sub-TOI:	28.0001 Creditor-Placed Homes
Product Name:	COMMERCIAL CREDITOR-PLACED DWELLING		
Project Name/Number:	TRIPREA 2007/		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Coverage Endorsement	DMEC-TER (01/08)	(01/08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 DMEC-TER (02/06) Previous Filing #:		DMEC-TER (01-08).pdf

YOSEMITE INSURANCE COMPANY

TERRORISM COVERAGE ENDORSEMENT

This Endorsement effective [,] is attached to and made a part of YOSEMITE INSURANCE COMPANY Master Policy No. [] issued to [].

This endorsement modifies insurance provided under the following:
CREDITOR PLACED COMMERCIAL REAL PROPERTY

The following terms are added to the Perils Insured Against provision:

9. Acts of Terrorism. Loss as a result of a certified act of terrorism will be covered.

A. TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION EXTENSION ACT OF 2007

The TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION EXTENSION ACT OF 2007 (hereafter "**Act**"), effective January 1, 2008, has extended the temporary Federal Terrorism Insurance program (hereafter "**Program**") that provides for a transparent system of shared public and private compensation for insured losses resulting from certified acts of terrorism. The term **Insured Loss**, as defined in the **Act**, means any loss from a certified act of terrorism that is covered by primary or excess property and casualty insurance issued by an insurer if such loss:

1. occurs within the United States; or
2. occurs in an air carrier (as defined in 49 USC 40102), to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance is subject to regulation in the United States), regardless of where the loss occurs, or at the premises of any United States mission.

The Federal share of compensation under this **Program** shall be equal to 85% of covered **Insured Losses** in excess of the deductible paid by the Company under this **Program**.

The Company has made coverage available for **Insured Losses** that do not differ materially from the existing Policy's terms, amounts, and other coverage limitations applicable to losses arising from events other than certified acts of terrorism.

B. Cap on Certified Terrorism Losses

Certified Act of Terrorism, as defined in the **Act**, means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to

the **Act**. The criteria contained in the **Act** for a **Certified Act of Terrorism** include the following:

1. The act resulted in aggregate losses in excess of \$100 million.
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

With respect to any one or more **Certified Acts of Terrorism** under the **Act**, the Company will not pay any amounts for which the Company is not responsible under the terms of that **Act** (including subsequent action of Congress pursuant to the **Act**) due to the application of any clause which results in a cap on the Company's liability for payments for terrorism losses. The **Act**, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from **Certified Acts of Terrorism** when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

C. Application of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Policy, such as losses excluded by the war exclusion, if applicable.

In accordance with the Act, the Company is providing you with the following premium information.

The annual premium applicable to Insured Losses covered by the Federal Terrorism Insurance Program for your Policy is \$0.00.

All other terms and conditions remain unchanged.

[Secretary **]**

[President **]**

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<i>Project Name/Number:</i>	<i>TRIPREA 2007/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MRLI-125510909 State: Arkansas
Filing Company: Yosemite Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: TM-TRIPREA-AR
TOI: 28.0 Credit Sub-TOI: 28.0001 Creditor-Placed Homes
Product Name: COMMERCIAL CREDITOR-PLACED DWELLING
Project Name/Number: TRIPREA 2007/

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: N/A - Terrorism Coverage filing.
Comments:

Review Status:
Approved 03/06/2008

Satisfied -Name: Disclosure Notice
Comments:
Attachment:
TRIPREA-DIS (01-08).pdf

Review Status:
Approved 03/06/2008

Satisfied -Name: Expedited Filing Transmittal
Comments:
Attachment:
Expedited Filing Transmittal.pdf

Review Status:
Approved 03/06/2008

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: _____

Policy Number: _____

Date: _____

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
ف Filing Related to <i>Non-Certified Losses</i>
ف Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Yosemite Insurance Company	IN	26220	94-1590201

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tammy Meneely Yosemite Insurance Company PO Box 159 Evansville, IN 47701-0159	(800) 325-2147, ext. 5767	(812) 468-5333	Merit_Yosemite@ agfinance.com

Filing information

Line of Insurance (see attachment)	28.2 Credit Personal Property
Company Program Title (Marketing title) (if applicable)	Commercial Creditor-Placed Dwelling
Filing Type ** see note below	Form (Endorsement)
This application is used with:	DMEC-GMP-AR & DMER-GMP-AR
Effective Date Requested	February 28, 2008
Filing date	February 28, 2008
Company Tracking Number	TM-TRIPREA-AR
Date filing approved in domiciliary state, if applicable	Not approved yet.

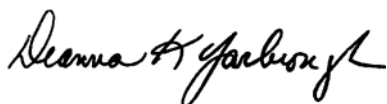
	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Terrorism Coverage Endorsement	DMEC-TER (01/08)	[X] Replacement [] Withdrawn [] Neither	DMEC-TER (02/06)	
02			[] Replacement [] Withdrawn [] Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Deanna K. Yarbrough
Print Name:

Assistant Secretary
Title: